

-Please return this form to:

Assessor's Office
City Hall
500 Broadway, Room 211
Chelsea, MA 02150



City of Chelsea Board of Assessors FY2022

Dear Property Owner or Lessee:

The following data is requested to assist us in determining the fair and equitable values for assessment purposes. All information supplied is confidential and protected from public disclosure (CH59 S52B). If this information is available in some other format (computerized property report, etc.), that information may be substituted for portions of this form. **Please respond within 60 days.** This information request is made under the provisions of Massachusetts General Laws Chapter 59, Section 38D. Failure to supply the requested information may result in a loss of appeal rights. Your cooperation is greatly appreciated. If you have any questions concerning this information request, please contact the Assessor's Office by phone at 617-466-4010 or e-mail at assessing@chelseama.gov

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OWNERS MAILING INFORMATION:

Property Location

Map / Lot

Use Code

PID

Multi-Family Property (4+ units) - Calendar Year 2020 Income/Expense Survey

Are any of the units occupied by the owner or related parties? Yes ☐ No ☐

Parking Available on premises: _____ (number of spaces)

Apartment Configuration and Typical Lease Terms

Number of Units/	Total Rooms/	Bed Rooms/	Baths	Furnished/Unfurnished		Typical Unit Area in Square Feet	Rent/Month
____/____/____/____				<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
____/____/____/____				<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
____/____/____/____				<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
____/____/____/____				<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
____/____/____/____				<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
____/____/____/____				<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
____/____/____/____				<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
____/____/____/____				<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
____/____/____/____				<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
____/____/____/____				<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

Monthly Unit Rent @ 100% occupancy X 12 months = \$ _____

Other Income (laundry, vending, etc.) \$ _____

Potential Gross Annual Income \$ _____

Indicate which of the following items are included in the rent:

☐ Water & Sewer ☐ Electricity ☐ Cable TV ☐ Heat

☐ Other (explain): _____

Current number of units vacant as of January 1, 2021: _____

Vacancy Loss (annualized – monthly rent X months vacant): \$_____

Collection Loss: \$_____

Effective Gross Income (potential gross income less vacancy) \$_____

Multi-Family Property (4+ units) - Calendar Year 2020 Income/Expense Survey

Annual Operating Expenses

(Owner expenses only, do not include expenses paid by tenant)

Fixed Expenses

Property Insurance \$ _____

Variable Expenses

Repairs and Maintenance \$ _____

Electricity \$ _____

Heat Fuel	\$
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Water/Sewer \$ _____

Security	\$	
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Administrative Costs	\$
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Management Fee	\$
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Marketing/Leasing	\$	
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Legal/Accounting	\$
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Reserve for Replacements	\$	
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Other – Please List: _____

Total Operating Expenses \$ _____

Net Operating Income (Effective Gross less Total Expenses) \$ _____

Please include your Income Summary, rent roll & typical lease.

Yes No

☐ Do any of the figures above include capital expenditures (major improvements) or extraordinary costs which vary from typical operating expenses? If yes, please explain on a separate page and attach any other comments or economic information which may influence the market value of your property.

_____/_____

Signature / Title Date